



OFFICE OF SUPPORT PERSONNEL STAFFING REFERENCE EVALUATION FORM

(For professional reference ONLY for the Department of Food and Nutrition and Department of Transportation)

TO THE APPLICANT	Please print your name, telephone, e-mail address and position applying for, prior to your submission of this form to the individuals who will provide the reference evaluations. Please scan and attach the completed form to your candidate profile.
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(Last)	(First)	Phone #	E-Mail
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POSITION APPLYING (check one)	<input type="checkbox"/> School Bus Driver	<input type="checkbox"/> School Bus Aide	<input type="checkbox"/> Food Service Worker
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TO THE EVALUATOR	The applicant named above is applying for a position with the Miami-Dade County Public School system. We would appreciate having you evaluate the applicant in the following categories. Your cooperation is appreciated. Thank you.
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(Last)	(First)	Title
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Name of Business	Address	Phone #
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Please mark appropriate box with a check mark.

	GOOD	NEEDS IMPROVEMENT	UNABLE TO RATE
Efficiency/Productivity			
Attendance			
Use of Logical Judgement			
Ability to Work with Others			

1. How long have you known the applicant? _____
2. In what capacity? _____
3. Would you recommend the applicant for position applied for (if no, explain)? _____

4. Please share general comments about the applicant. _____

Evaluator's Signature: _____ **Date:** _____

For questions related to this form, please contact our office at 305-995-7208.

SUPPORT PERSONNEL STAFFING OFFICE USE ONLY	Name: _____ Date Verified: _____ Signature: _____
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